PUBLIC RECORD

**WITNESS REGISTRATION** 

Oregon State Legislature	WITNESS REGISTRAT	ION	
Committee Name:	WMHS		
Public Hearing on: SB	337	Date:	6-15-2015

Date: 6-15-2015

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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